

MINNESOTA COURT SYSTEM



FEEDBACK / COMPLAINT FORM FOR DEAF AND HARD OF HEARING PERSONS

PLEASE COMPLETE THIS FORM ABOUT YOUR COURT EXPERIENCE

Minnesota's courts want to provide the best possible service to deaf and hard of hearing persons. Please help us to keep improving by telling us about your experience with the court system.

1. Please rate the following (Check the Number):

1 = Poor 2 = Fair 3 = Good 4 = Excellent

A. Court personnel were courteous and respectful.

___1 ___2 ___3 ___4

B. My court business was handled promptly and efficiently.

___1 ___2 ___3 ___4

C. The court facilities were adequate and accessible.

___1 ___2 ___3 ___4

D. Court staff were helpful and provided me with the information that I needed.

___1 ___2 ___3 ___4

E. I felt safe and secure at the court facility during my visit.

___1 ___2 ___3 ___4

F. Overall, I am satisfied with my court experience.

___1 ___2 ___3 ___4

G. Additional Comments:

2. DO YOU HAVE ANY FEEDBACK OR COMPLAINTS ABOUT THE INTERPRETER SERVICES THAT THE COURT PROVIDED TO YOU? IF SO, PLEASE EXPLAIN. (This information will be used to help improve our interpreter services to deaf and hard of hearing persons):

QUESTIONS 3 and 4 ARE OPTIONAL, BUT HELPFUL IN IMPROVING OUR SERVICE:

3. Why are you in court? (Please check ALL that apply)

- Criminal Court (Defendant Other)
 General Civil Court (Plaintiff Defendant)
 Family Court (Petitioner Respondent)
 Domestic Abuse / Harassment Court
 Juvenile Court
 Conciliation Court
 Traffic Court
 Attorney
 Juror
 Witness
 Other (Specify: _____)

DATE you were in court: _____ **COUNTY:** _____

4. If you are a party in a case, do you have an attorney? Yes No

OPTIONAL: You need not give us your name or contact information, but it will help us respond to your comments or get more information from you, if necessary. This information will not be released to any non-court agency or individual, except where otherwise provided by law or court rule.

Name _____

Address _____

City _____ State _____ Zip _____

Telephone Number _____ TTY _____

Email _____

YES, I WANT TO BE CONTACTED.

NO, I DO NOT WANT TO BE CONTACTED

THANK YOU FOR GIVING US YOUR FEEDBACK!

After you fill out this form, please drop it in the Customer Feedback / Suggestion Box at the court (if available) OR give it to the Court Administration staff. Or you may mail or fax it to:

Court Interpreter Program
Minnesota Judicial Center
25 Rev. Dr. Martin Luther King, Jr. Blvd., Room 105
St. Paul, MN 55155

Fax (651) 296-6609

To submit the form electronically: Fill it out, save it as a Word document, and email it as an attachment to: <mailto:cip@courts.state.mn.us>.

All feedback forms will go to the local Court Administration Office and Judicial District Office, and will also be sent to the state Court Interpreter Program. Forms will not be released to any non-court agency or individual, except where otherwise provided by law or court rule. We appreciate your comments!